State of Alabama
Department of Child Abuse and Neglect Prevention
(Children's Trust Fund)

Program Year 2010-2011
(August 1, 2010 – July 31, 2011)

Grant Application

This application is used in conjunction with the rules outlined in the 2010-2011 Children's Trust Fund (ADCANP) Request for Proposal.

Instructions:

1. ***Grant applications must be received in the ADCANP office by 5:00 p.m. CST on Thursday, May 20, 2010. An original and five (5) copies (one CD attached) of the application must be submitted.*** *The original and copies must be submitted in the same order as this grant application. All information must be complete when submitted and received at the ADCANP office. Faxed or electronically submitted applications will not be accepted. There are no exceptions to this policy or deadline. Overnight carrier delivery cannot be guaranteed. If requested, a receipt card will be mailed notifying organizations of grant applications received in the ADCANP office.*

   ## *Late and/or incomplete applications will not be considered!*

2. Use this form and complete all questions.

3. Grant Applications must be typed in a font size no smaller than 12.

4. Number all pages.

5. Bind the original and each copy separately with a binder clip.

6. Cover letters are not necessary.

7. Cover Page must be first page of application.

8. Label, tab, and place in order as listed in the application checklist.

9. Organizations cannot submit a single application for multiple programs.

10. ORGANIZATIONS MAY NOT APPLY FOR MORE THAN A TOTAL OF $75,000 IN GRANT FUNDS FOR PROGRAM YEAR 2010-2011.

Significant Changes for Program Year 2010-2011

This page does not include all changes made by the ADCANP Board; therefore, applicants are encouraged to attend RFP Training. Current grantees are required to attend one RFP training.

Request for Reconsideration, RFP Page 6
Funding decisions made by the State Board on July 22-23, 2010 are final.

Required Background Checks, RFP Page 9
Please be advised of the revised procedure for conducting criminal background investigations and verification. All employees and volunteers having direct contact, care/treatment, or custodial responsibility with children eighteen years of age or younger, as per the Alabama Department of Child Abuse and Neglect Prevention (ADCANP) – Children's Trust Fund policy, must have a national criminal background investigation completed **prior** to working directly with a child under the age of eighteen. Minimum requirements include:

-National Criminal Search
-National Sex Offender Report
-OFAC Report
-Alabama Statewide Search
-Social Security Trace Hawk

The estimated fee for the national criminal background check is $14.00 - $16.00 per individual. A grant applicant will include funding for each background check in the proposed budget under the line of "Background Check".

Elected Officials Written Notification/Press Release, RFP Page 10
Each program is required to notify their respective members of the Legislature in their District of all grant awards, car tag and income tax promotions and special events. Invite your State Senator(s) and Representative(s) to visit your program and be recognized for his/her support of ADCANP funding for your prevention program. Coordinate the media event with all other ADCANP Grantees in the service area, county and/or Congressional District. Mail, fax or send electronically a copy of the letter of invitation and ***press release*** to the assigned ADCANP Division Director and ADCANP Director. If the Legislator(s) accepts, ADCANP will make every effort to have a ADCANP Board or Staff member join you to recognize the Legislator(s), and make photographs for the Media. (In July, ADCANP will also notify members of the Alabama Legislature of grant awards immediately following the Board's approval of Program Year 2009-2010 grants.)

IRS 501(c) (3) status, Page 12
Documentation of 501(c) (3) status must be included in the grant application to receive funding. **Any Grant Application without current status documentation of an IRS Form 501(c) (3) by May 20, 2010 will not be funded.** *(Applicant must provide documentation to ADCANP by May 20, 2009 no later than 5 p.m.)*

Ineligible Services/Expenses, RFP Page 13
The only holidays chargeable to the ADCANP grant are those approved by the Governor's Office and applicable to all state agencies. A list of official State holidays is available at: http://info.alabama.gov/calendar.aspx .

Program Objectives and Target Data – University of Alabama, RFP Pages 21-24
Read carefully - The programmatic information and forms have been revised.

Application Checklist

If any item is not included and submitted in the following order, your grant application may not be read. Submit this completed checklist as Appendix A; this checklist is provided to assist with completing your grant application.

Contents must be labeled, tabbed and in order, as follows:
_____Grant Application Cover Page

_____Financial Cover Page

_____ADCANP Funding History

_____Program Narrative

_____Budget

_____Personnel Budget Worksheet

_____Budget Narrative

_____Program/University of Alabama Objectives Information

_____Consent Form

_____Receipt Verification Form (Original and copy, including postage)

_____Grant Application (excluding attachments) copied on a CD.
         Include Organization and Program names on the CD label.

         Appendices labeled, tabbed, and in order:

         _____Appendix A   Application Checklist

         _____Appendix B   Organizational Chart

         _____Appendix C   Resume(s)/Job Description(s)

         _____Appendix D   Current List of Board of Directors and contact
                                            information (preferably e-mail) and professional
                                            affiliation

         _____Appendix E   Target Data Form or alternate evaluation instrument
                                            as provided by ADCANP

         _____Appendix F   Three (3) Current Support Letters

         _____Appendix G   Curriculum

         _____Appendix H   Volunteer Training Outline

         _____Appendix I   2007 or 2008 Independent Auditor's Report
                                            and 2007 or 2008 IRS Form 990

         _____Appendix J   IRS Form 501 (c) (3) Status Documentation/Letter

         _____Appendix K   Logic Model (optional)

Department of Child Abuse and Neglect Prevention
Grant Application Cover Page
Program Year 2010-2011

Organization Name: _____

Organization Mailing Address: _____

Phone: (____)_____   Fax: (____)_____

E-Mail: _____   FEIN: _____

Congressional District: _____   State House District _____   State Senate District _____

Base County: _____

List all counties served by proposed program: _____

Executive Director: _____   Contact Person: _____

Authorizing Official: _____

Authorizing Official Signature: _____
Complete only the sections that apply.

If school-based or child focused, grades served: (circle all that apply) Zero-age 3   Pre-school Kindergarten-1st Grade   Grades 2-3   Grades 4-5   Grades 6-7 Grades 8-9   Grades 10-12   other (specify):_____
Will the proposed program serve children with disabilities/special needs? ___yes   ___no

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I. Parent Education and Support
Program Name: _____
Amount Requested (not to exceed $50,000) $ _____

II. Home Visiting
Program Name: _____
Amount Requested (not to exceed $50,000) $ _____

III. Public Awareness and Training
Program Name: _____
Amount Requested (not to exceed $10,000) $ _____

IV. Respite Care
Program Name: _____
Amount Requested (not to exceed $50,000) $ _____

V. School-Based
Program Name: _____
Amount Requested (not to exceed $50,000) $ _____

VI. Non School – Based/After School
Program Name: _____
Amount Requested (not to exceed $50,000) $ _____

VII. Mentoring
Program Name: _____
Amount Requested (not to exceed $25,000) $ _____

*An organization may apply in all program categories but it must be for different programs. The total of items I-VII will not exceed $75,000. A separate application and cover page is required for each program.

Financial Cover Page

Name of organization the grant check(s) should be payable to:

_____

Organization Mailing Address: _____

City, State, Zip Code: _____

Organization Physical Address: _____

City, State, Zip Code: _____

Name of financial contact person*: Name_____

Telephone Number (   ) _____

Email: _____

*Person responsible for financial management of the ADCANP grant.

Name of organization conducting the program:

Organization Name: _____

Program Name: _____

Organization Mailing Address: _____

City, State, Zip Code: _____

Organization Physical Address: _____

City, State, Zip Code: _____

Name and Title of Program Contact Person(s): _____

Email Address(es)*: 1._____

2. _____

3. _____

*Email addresses listed above will receive ADCANP emails. Provide all necessary e-mail addresses. All ADCANP funded programs must have internet access and a working e-mail address.

Federal Employer Identification Number (FEIN): _____

(If state agency, list agency codes)

Organization's ADCANP Funding History

Organization's Total Years Funded: _____

Years Funded*	Amount	Program(s) Funded	Contract Number
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		

*Add more rows if needed.

Request for Funding Increase
(Current Grantees Only) The Department does not anticipate any substantial increase in Federal or State Funds for Program Year 2010-2011. However, grantees requesting a funding increase must clearly justify why the additional funds are needed.

Program Narrative

The program narrative should provide a detailed description of all aspects of the proposed program. Sections **A-I** may not exceed a total of five (5) single-spaced pages in a font size no smaller than 12 point. This narrative section should be written in a manner that is self-explanatory to outside reviewers unfamiliar with the activities of the applicant/organization. The program narrative must be organized and labeled as follows:

A. **Purpose of Program/Location**: Describe what the program intends to achieve, and how this program plans to prevent child abuse and neglect. Provide an operational plan that includes specific activities for attaining selected program objectives. (For program objectives relevant to program types, choose from pages 21-24 of the RFP.) Name the program location and describe the participants' accessibility to the site. List days of the week and time the program is conducted. *(Example: Mondays and Wednesdays, 3 p.m. – 5 p.m., Anytown Community Center, 123 Main Street, Anytown, Alabama)*

Appendix A: Attach completed Application Checklist

B. **Problem and Needs Assessment**: Identify the problem(s) to be addressed by the proposed program, and how the problem relates to prevention. Demonstrate an understanding of the specific risk factors present in the target population. Include reviews of literature, best practices, state and local data, etc. Examples: Local Needs Assessment, Kids Count Data Book, Police Department Reports, etc.

C. **Program Management and Organization**: Briefly describe the structure and history of the organization, specifically noting its date of inception. Include number of employees, titles, names, qualifications and experience of key management and professional staff that will be responsible for implementing the ADCANP program. Include interagency relationships in reference to program implementation (i.e. subcontracts).

Appendix B: Attach organizational charts (agency organizational chart and programmatic organizational chart) showing the administration and operational structure within which the program will function.

Appendix C: Attach resume(s) or job description(s) of staff responsible for ADCANP program.

Appendix D: Attach current Board of Directors list. The list must include name, title, e-mail address and length of term. (Non-profit organizations only.)

D. **Population to be Served**: The target population must be described in terms of the demographics (race, ethnicity, age and gender) and numbers to be served. Include plans for identifying, recruiting, involving, retaining and following-up of target population. Describe how parental consent will be obtained from participating minors.

Appendix E: Attach Target Data Form (RFP, Page 24)

E.   Collaboration with Other Agencies and Individuals: Describe the program's methods of collaboration and coordination with other community-based public and private agencies to provide comprehensive services. Demonstrate that the program is not duplicative and coordinates with existing programs in your community.

1. Appendix F: Attach three (3) current Support Letters and/or Memorandums of Understanding or Cooperative Agreements; one being from the local Children's Policy Council and the Local Domestic Violence Shelter.

Examples:
> *"The Juvenile Court refers truant students to our after school program."*
>
> *"The Health Department provides additional home visits to at-risk families for health screenings and immunizations."*

F.   Curricula: List the curriculum to be utilized in the program. Explain how the curriculum is appropriate for the program criteria and target population. (The curriculum must be evidenced based.)

Appendix G: Attach synopsis of curriculum provided by the publisher. For individualized curriculum, attach an outline of the curriculum for a composite client. The Curriculum Guide is available at www.ctf.alabama.gov .

G.   Use of Volunteers: List specific duties, recruiting, screening, training and number of volunteers working on ADCANP program. If applicable, explain why volunteers are not utilized in the ADCANP funded program. Include a statement regarding how the applicant will comply with ADCANP's background check policy on volunteers listed below:

Please be advised of the revised procedure for conducting criminal background investigations and verification. All employees and volunteers having direct contact, care/treatment, or custodial responsibility with children eighteen years of age or younger, as per the Alabama Department of Child Abuse and Neglect Prevention (ADCANP) – Children's Trust Fund policy, must have a national criminal background investigation completed **prior** to working directly with a child under the age of eighteen. Minimum requirements include:
>   -National Criminal Search
>   -National Sex Offender Report
>   -OFAC Report
>   -Alabama Statewide Search
>   -Social Security Trace Hawk

The estimated fee for the national criminal background check is $14.00 - $16.00 per individual. A grant applicant will include funding for each background check in the proposed budget under the line of "Background Check".

Appendix H: Attach a brief volunteer training outline.

H.   Stipulations: If applicable, state below any other information that explains how your organization has been meeting any contract stipulations or recommendations made by the ADCANP Board. (Current grantees only: List all ADCANP Board stipulations for Program Year 2009-2010.)

I.   Promotion of ADCANP funded Prevention Programs:

To Be Completed by all Applicants: (No points)

The applicant organization shall provide a brief statement of how it will recognize and promote the Children's Trust Fund in their community as it relates to their prevention program. Include a plan to market the ADCANP license plate to the community. Current grantees attach a sample of printed material used to promote the program.

Budget – round to nearest whole number
(Complete separate budget pages for each program)

Personnel Expenses

Salaries-Employee Name(s) and Title	ADCANP Request	Cash Match	In-Kind Match	List Specific Source of Cash Match:
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
Employee Benefits-Employee Name(s) and Title	ADCANP Request	Cash Match	In-Kind Match	List Specific Source of Cash Match:
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
Total Personnel Expenses	$	$	$	■

Operating Expenses

Expense:	ADCANP Request	Cash Match	In-Kind Match	List Specific Source of Cash Match:
Accounting	$	$	$	
Audit/CPA Services	$	$	$	
Background Check(s)**	$	$	$	
Cell phone/Pager	$	$	$	
Consultants	$	$	$	
Curriculum	$	$	$	
Equipment	$	$	$	
Office Supplies	$	$	$	
Postage	$	$	$	
Printing	$	$	$	
Professional Services/ Independent Contractor	$	$	$	
Program Materials	$	$	$	
Space Rental	$	$	$	
Staff Development	$	$	$	
Telephone	$	$	$	
Transport/Travel	$	$	$	
Utilities	$	$	$	
Volunteer In-Kind	■	■	$	
Other* _____	$	$	$	
Other* _____	$	$	$	
Total Operating Expenses	$	$	$	
TOTAL BUDGET (Personnel + Operating Expenses)	$	$	$	■

*Specify expense

Personnel Budget Worksheet* *(Complete each line for each Employee)*

Employee Name:	
Title:	
Education: (School(s), Year Graduated, Degree, Major):	
Full-time or Part -time (indicate # of hours per week):	
Annual Salary:	
Annual Benefits:	
Total Annual Salary and Benefits:	
# of Hours per week on ADCANP Grant:	
Total Salary and Benefits to ADCANP Grant:	
Brief Job Description/Responsibilities:	

Employee Name:	
Title:	
Education: (School(s), Year Graduated, Degree, Major):	
Full-time or Part -time (indicate # of hours per week):	
Annual Salary:	
Annual Benefits:	
Total Annual Salary and Benefits:	
# of Hours per week on ADCANP Grant:	
Total Salary and Benefits to ADCANP Grant:	
Brief Job Description/Responsibilities:	

Employee Name:	
Title:	
Education: (School(s), Year Graduated, Degree, Major):	
Full-time or Part -time (indicate # of hours per week):	
Annual Salary:	
Annual Benefits:	
Total Annual Salary and Benefits:	
# of Hours per week on ADCANP Grant:	
Total Salary and Benefits to ADCANP Grant:	
Brief Job Description/Responsibilities:	

* Copy as needed for additional Personnel

Budget Narrative

Please include the following in this section:

1. Appendix I: Attach copy of 2008 or 2009 Independent Auditor's Report (letter of opinion or disclaimer of opinion) on the financial statements and a copy of 2008 or 2009 IRS Form 990.

2. Appendix J: Attach current copy of IRS Form 501 (c) (3) status/letter.

3. Give a brief explanation of each line item that will be charged to the ADCANP grant (excluding match).

   > Example: Staff Development: $400.00
   > $400.00 – train home visitors in _____ curriculum.

4. Provide a current year list of all funding sources to include, but not limited to Federal, State and local grants.

   > Example: $20,000.00 – Safe and Drug Free Schools Grant, ADECA
   > (September 1, 2009 – August 31, 2010)

Program/University of Alabama Objectives Information
To be completed only by current (Program Year 2009-2010) grantees.

1. Were Program/University of Alabama Objectives achieved in Program Year 2009-2010? Did you observe improvements in participants' knowledge, behavior and/or attitudes related to the selected PY 2009-2010 Program Objectives? Explain and include examples.

2. Did the program encounter barriers to effective program implementation? How will each be addressed, corrected and changed for future implementation?

3. Did the program encounter any barriers using the evaluation tools provided by The University of Alabama? If so, what type of assistance would be helpful for future program evaluation efforts?

Limit response to one (1) page.

ADCANP Grantee Consent Form

If funded, I agree to the following:

_____I will return the completed Grant Award Contract and Standard Grant Conditions and Assurances Contract (signed and dated) to ADCANP no later than 5:00 p.m. on September 2, 2010. (No faxed copies accepted.)

_____To send the **personnel responsible for the programmatic and financial management of the ADCANP grant** to mandatory Grantee Training (one day) on September 21 or 22 or 23 or 24, 2010 at **one** of the following regional locations:

1. Decatur (9/21/10)
2. Hoover (9/22/10)
3. Montgomery (9/23/10)
4. Mobile (9/24/10)

_____ To comply with the 2010-2011 Request for Proposal and other applicable ADCANP rules, regulations and statutes.

_____I understand that failure to submit all required reports by the dates specified in the Grant Award Contract and Standard Grant Conditions and Assurances Contract will result in delayed payment/checks or contract termination.

_____ Report special incidents within 24 hours of event to include: Unplanned law enforcement involvement, medical emergencies, allegations of abuse, etc. Submit a written report to the ADCANP Director.

_____ To conduct background checks in accordance with ADCANP Policy.

By initialing and signing this form, the applicant is agreeing to comply with all RFP/Grant Application requirements and other applicable ADCANP rules and regulations:

_____
Authorized Official Typed Name

_____   _____
Authorized Official Signature   Date

_____
Title

_____
Organization

Please complete below if requesting receipt verification.
Attach to Grant Application.
Submit Original and one copy.
Postage required on one if not hand delivered.

Applicant
Place
Postage
Here

State of Alabama
Department of Child Abuse and Neglect Prevention
Children's Trust Fund
P. O. Box 4251
Montgomery, AL 36103

TO:

_____
Organization Name

_____
Mailing Address

_____
City, State and Zip Code

Definitions of ADCANP Budget line items are listed below:
(Please email your assigned ADCANP Field Director or Auditor if you have any questions.)
staff@ctf.alabama.gov

1. **Personnel/Salaries**: Expenses for all employees of the organization receiving compensation from the ADCANP funded program. Employees are defined as personnel of the organization who have taxes deducted from their paycheck and/or receive any employee benefits from the organization.

2. **Personnel/Benefits**: Monies related to the **employer's** expenses for the ADCANP funded program. Allowable expenses include: FICA (Social Security and Medicare taxes), retirement, State Unemployment Insurance, workman's compensation, annual leave/vacation for full-time employees, and health/dental insurance. Examples of ineligible expenses include, but are not limited to: Disability Insurance, Accidental Death and Dismemberment Insurance, Life Insurance, other "unallowable costs" specified by ADCANP funders, and costs prohibited by law or policies of the State of Alabama Finance Department.

3. **Accounting**: Expenses related to financial reporting and management of the ADCANP Grant Award Contract.

4. **Audit/CPA Services**: Examination or verification of financial records, accounts, and expenditures by a Certified Public Accountant.

5. **Background Checks**: Expenses related to payments to law enforcement/public agencies or private entities for criminal background checks on employees, volunteers, or other individuals required to have a background check in accordance with ADCANP policy.

6. **Cellular Phones:** Expenses related to the use of cellular phones. Cellular phones can be charged to the ADCANP grant at a maximum of $40 per month. Only cell phones used by field staff working on the ADCANP funded program are allowed.

7. **Consultants**: Expenses related to the hiring of contracted professionals who provide services to the organization for the ADCANP funded program. Charges to the ADCANP grant for consultants must have prior written approval from an ADCANP Deputy Director unless included in the original grant application and approved by the ADCANP Board of Directors. A contract for the consultant and his/her services is required.

8. **Curriculum:** Evidence/Research-based curriculum utilized to educate and provide knowledge to program participants. Curriculum must demonstrate impact and effectiveness for the population served.

9. **Equipment:** Expenses related to the purchase and/or lease of non-consumable items (i.e. copiers, fax machines, postage machines, cameras, video cameras, VCRs, overhead projectors, furniture, etc.) Equipment purchases may not exceed $499.00 per item. If the organization is unsure of the eligibility of equipment expenses, please contact your assigned ADCANP Field Director for approval.

10. **Office Supplies:** Examples are copy paper, toner, and other miscellaneous office supplies. All office supply expenditures must include copies of receipts that itemize and define the items purchased.

11. **Postage:** Expenses that include mailing or shipping items related to the ADCANP program.

12. **Printing:** Expenses related to advertising/marketing programs, brochures, handouts, stationary, or other materials that support ADCANP funded programs.

13. **Professional Services/Independent Contractors**: Expenses related to payments made to individuals who provide a specific service to the ADCANP funded program and who do not receive employee benefits (i.e. a professional counselor contracted to provide therapy, a nurse teaching a prenatal class, janitorial services, speaker honorariums, attorney fees, etc.).

14. **Program Materials:** Items that are used to support the ADCANP funded program. Program materials may include but are not limited to curriculum, educational materials, and handouts.

15. **Space Rental:** Expenses related to administrative office space or meeting space where the ADCANP funded program is conducted.

16. **Staff Development**: Expenses related to staff training (i.e. registration and in-service fees). Do not include travel expenses related to training in the staff development category. **ADCANP does not require any staff development training other than the annual Grantee Training conducted by ADCANP, and domestic violence screening.**

17. **Telephone:** Calls made for the ADCANP funded program. Expenses related to telephone costs are based on actual calls made in support of the ADCANP funded program or a reasonable allocation percentage.

18. **Transportation/Travel:** Expenses related to travel and overnight stay necessary to support the ADCANP funded program. Mileage rate not to exceed current state rate. ADCANP will not reimburse gasoline expenses.

19. **Utilities:** Expenses related to electricity, water, gas, internet and cable services that support the ADCANP funded program**.** Expenses related to utilities costs are based on actual costs in support of the ADCANP funded program or a reasonable allocation percentage.

20. **Volunteer In-Kind:** Expenses related to any non-professional who volunteers for the ADCANP funded program. Each non-professional volunteer hour may be charged at $20.25 an hour. The exceptions to this are Licensed/recognized professionals volunteering in their professional capacity may charge at the market rate. For example: A nurse teaching a parenting class or an accountant preparing the organization's books.

21. **Other:** Fully explain any item not listed as a line item in the Budget Narrative.